

**Envoy Medical Systems, LP**  
**4500 Cumbria Lane**  
**Austin, TX 78727**

**PH: (512) 705-4647**  
**FAX: (512) 491-5145**  
**IRO Certificate #4599**

DATE OF REVIEW: 10/28/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE  
L5-S1 Anterior/Posterior Discectomy and Fusion

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION  
Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<b>Upheld</b>	<b>(Agree) <u>X</u></b>
Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

Patient reports being involved in a motor vehicle accident, occurring at work. Patient complains of lumbar pain. Patient's past surgical history was significant for a lumbar discectomy, 2001. The diagnosis was of back sprain. X-rays were normal. Patient was ordered to have an MRI of his lumbar spine, anti-inflammatories and physical therapy. Patient returned in xxxx and was started on Pamelor and trigger point injections. Patient was then again seen xxxx. He was sent for lower extremity EMG's. He returned again xxxx. Patient had improvement of his neck pain after epidural steroids. He continues to have back pain with radiation into the left leg. Patient returned again xxxx, note states he underwent a lumbar epidural steroid injection that gave him temporary relief. Surgery was discussed at that time. In xxxx he saw stating he was continuing to have back and left leg pain. It was recommended he undergo surgery for his lumbar spine. A follow up visit xxxx states he's status post lumbar laminectomy with foraminotomy L5-S1 on the left; patient reported improved back pain and numbness in the right thigh. Follow up visit 8/14 reports patient had increase in low back pain. He was started on a Medrol Dose Pak. He returned again xxxx and it was recommended to continue on anti-inflammatories and a home exercise program. He returned again xxxx with continued low back pain with right thigh pain and numbness and tingling in left foot and ankle. Another MRI of his lumbar spine was ordered. Patient returned again 10/02/14 after MRI was performed, and it was recommended he continue with physical therapy. Patient saw again xxxx, xxx, as well as xxx and continued to have back and left leg pain and was sent for a second opinion. He saw xxx. At that time he was complaining of low back pain and radiating leg pain. notes state patient has no muscle weakness, atrophy, joint swelling or tenderness, rigidity or contractures. The note is incomplete as far as final assessment or neurological exam. A follow up visit xxxx reports that the patient continues to have back pain. Physical examination shows lumbar tenderness, well healed incision and normal neurological exam. The note states recommended lumbar fusion for his symptoms. Patient saw again xxxx. X-rays showed no evidence of subluxation. Physical exam showed no evidence of neurological defects. There was no mention of straight leg raise test performed. Patient was sent for a psychosocial evaluation. Follow up visit xxxx reports that patient is experiencing moderate depression and mild anxiety and has recommended that he have psychotherapy. He continued to have low back pain. His impression at that time was HNP, L5-S1 with axial mechanical back pain. Follow up visit again xxxx reports that patient underwent another MRI showing "progressive narrowing of the left neural foramen at L5-S1 with encasement of the left L5 nerve root." At that time it was recommended that the patient undergo lumbar

fusion at L5-S1 with the anterior posterior fusion and posterolateral decompression. MRI of the lumbar spine performed with and without contrast dated xxxx shows L4-5 posterior protrusion-subligamentous disc herniation with annular tear, moderate narrowing of the right neural foramen and mild narrowing of the left neural foramen. At L5-S1 there is posterior protrusion-subligamentous disc herniation of 1.5mm with posterior end plate osteophytes, facet joint changes and enhancing of the epidural soft tissue on the left side causing indentation over thecal sac, mild to moderate narrowing of the right neural foramen and marked narrowing of the left neural foramen with encasement of the left L5 nerve root. This appears to be increased from study dated xxx. Electrodiagnostic studies were performed xxxx showing a normal exam. In summary, patient is a male involved in a motor vehicle accident XX/XX/XX. Patient underwent lumbar laminectomy, discectomy, and foraminotomy at L5-S1 in xxxxx. Patient did not have improvement of his symptoms. Repeat MRI's shows disc degeneration, recurrent herniated disc and encasement of the left S1 nerve root by enhancing material. Patient has undergone psychological testing and treatment, as well as therapy, medication, and epidural steroids without improvement.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS

**Opinion: I agree with the benefit company's decision to deny the requested service.**

Rationale: I have reviewed the North American Spine Society Treatment Guidelines for Diagnosis and Treatment of Lumbar Disc Herniation with Radiculopathy as well as Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis. The Guidelines state that the diagnosis of herniated nucleus pulposus with radiculopathy is typically made with historical findings as well as weakness with manual muscle testing corresponding to the affected nerve, as well as sensory findings at that level. It also emphasizes the importance of the straight leg raise test and the cross straight leg raise test to confirm the diagnosis. It states that electrodiagnostic studies are of limited utility.

The guidelines also state that for a lumbar spinal stenosis, pain is typically exacerbated by walking or standing and improved by sitting or bending forward. The patient does not appear to have these symptoms. The guidelines state that decompressive surgery is suggested to improve outcome with moderate to severe spinal stenosis. They also do not recommend fusion unless there is evidence of instability at that level.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH**

**ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X**

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE X**

(PROVIDE DESCRIPTION)

Spine Jnl:: Volume XX, Number XX, pp 000-000,, 2010, Lipponcott Williams & Wilkins

Spine Jnl:: 15 March 2005-Vol. 30, Issue 6, pp675-681

Spine Jnl:: 01 May 2009-Vol. 34, Issue 10, pp E351-E358

PubMed; [www.pubmed.gov](http://www.pubmed.gov); Spine, 2002 Aug 1;27 (15): 1680-6

PubMed; [www.pubmed.gov](http://www.pubmed.gov); Eur Spine J, 2003 Dec; 12 (6): 5676-75 Epub 2003 Aug 28

PubMed; [www.pubmed.gov](http://www.pubmed.gov); Spine, 1999 Oct 1; 24 (19): 2042-5

PubMed; [www.pubmed.gov](http://www.pubmed.gov); Spine J, 2001 May-Jun; 1(3): 215-24

North American Spine Society Treatment Guidelines for Diagnosis and Treatment  
of Lumbar Disc Herniation with Radiculopathy & Diagnosis and Treatment of Degenerative  
Lumbar Spinal Stenosis

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES**

(PROVIDE DESCRIPTION)